

4727

In order of birth stated. a SEPARATE RETURN must be made for each, and the number of

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	Cochise	BUREAU OF VITAL STATISTICS	
District of	Warren	ORIGINAL CERTIFICATE OF BIRTH	
Town of		State Index No.	75
or		County Registrar No.	604
City of	Bisbee	Local Registrar No.	
2. Full name of child		No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
Samuel Butler			
3. Sex of Child	male	4. Twin, triplet or other	5. Legitimate
To be answered ONLY in event of plural births.		1	yes
6. Date of birth		7. Date of birth	
Aug. 23 23		Month day year	
8. FATHER		14. MOTHER	
Full name Samuel R. Butler		Full maiden name Rosa Leon	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)	
Lowell Ariz.		Lowell	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race	White	16. Color or race	Mexican
11. Age at last birthday (Years)	50	17. Age at last birthday (Years)	29
12. Birthplace (city or place)	Texas	18. Birthplace (city or place)	Mexico
(State or country)		(State or country)	
13. Occupation	Miner	19. Occupation	Housewife
Nature of industry		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		yes	
(a) Born alive and now living 1			
(b) Born alive but now dead XX			
(c) Stillborn			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was alive at P.M.			
(Born alive or stillborn.)			
Signature		Address	
C. J. Hawley, M.D.		Bisbee Ariz.	
(Physician or midwife)			
Month, day, year.		Filed	
8/31		1923	
Registrar.		Local Registrar.	
		County Registrar.	

229-823-935